# Phase I Checklist for Standardized Permit Facilities

#### **OVERVIEW**

This environmental assessment checklist was developed by the Department of Toxic Substances Control (Department) pursuant to the Health and Safety (H&S) Code, Division 20, Section 25200.14. This checklist will assist owners and operators (owner/operator) of facilities applying for Standardized Permit, Permit-by-Rule, or Conditional Authorization permit tiers in identifying situations which require further investigation. The goal of this checklist is to assist the owner/operator of the hazardous waste facility (facility) in evaluating the facility for sources of contamination or solid waste management units (SWMUs) and releases, such as spill locations, leaking equipment, and non-regulated units, while determining if the contamination requires further investigation and/or certifying that the SWMUs/releases do not require further investigation. The questions in this checklist have been constructed to lead the facility owner/operator through a series of steps to identify all SWMUs and releases. The completed checklist will then be used by the Department to confirm that further investigation will or will not be necessary to determine the existence or extent of a release from a SWMU.

An assessment which would otherwise meet the requirements of H&S Code, Section 25200.14 which is prepared for another purpose and was completed no more than three years prior to the date by which the facility is required to submit a Phase I environmental assessment may be used to comply with the requirements of H&S Code, Section 25200.14, if the assessment is supplemented by any relevant updated information reasonably available to the owner/operator. An addendum to the investigation may also be attached to comply with additional requirements of this Checklist. If a facility is conducting further investigation in order to determine the nature or extent of a release pursuant to, and in compliance with the provisions of, an order issued by a California Regional Water Quality Control Board or other State or federal environmental enforcement agency, the department shall deem that investigation adequate for the purposes of determining the nature and extent of the release or releases which that order addressed, as the investigation pertains to the jurisdiction of the ordering agency.

The following information may be useful in completing this checklist: facility records, historical information, site maps, and a walk-through-inspection. Historical information concerning the property can be obtained from the following: historical societies, property tax records, fire insurance maps, recorded land title records, local street directories, building/planning department records, aerial photographs, zoning/land use records, and the personal recollection of longtime employees and past owners and operators. Information on sources for aerial photos can be obtained from local telephone directories and the Earth Sciences Information Center in Los Angeles, Menlo Park, and San Francisco.

The facility property must be investigated carefully. Signs of SWMUs and releases include but are not limited to: unusual stains around drains, on floors, walls, and surface soil; unusual odors originating from drains, floors, or surface soil; and vegetation that appears unhealthy or dying without a reasonable explanation. Drains, piping around tanks

and process equipment, and older aboveground or underground storage tanks without secondary containment are some of the possible sources of releases and should be checked carefully. Any signs of possible releases should be more closely evaluated to determine if further investigation, such as sampling, may be required.

#### **DEFINITIONS**

# Facility (Health and Safety Code 25200.10(c)

"facility" means the entire site that is under the control of the owner or operator seeking a hazardous waste facilities permit.

**Hazardous Waste** (Title (T) 22, California Code of Regulations (CCR), Section 66260.10) "Hazardous waste" means a hazardous waste as defined in section 66261.3 of this division. "Hazardous waste" includes extremely hazardous waste, acutely hazardous waste, RCRA hazardous waste, non-RCRA hazardous waste and special waste.

# **Owner** (T22, CCR, Section 66260.10, 66270.11)

"Owner" means the person who owns a facility or part of a facility. For a municipality or county, either a principal executive officer or ranking elected official, or their designee, may be considered the facility owner or operator. A "principal executive officer" means the chief executive officer of the agency submitting the application or notification, or a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency. A "ranking elected official" may be the president, chairperson, or member of the agency's governing body, who is authorized to sign documents on behalf of the governing body.

# Owner or operator (T22, CCR, Section 66260.10)

"Owner or operator" means the owner or operator of any facility or activity subject to regulation under chapter 6.5 commencing with section 25100, division 20, Health and Safety Code.

# Release (T22, CCR, Section 66260.10)

"Release" means any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment.

### **Solid Waste Management Unit** (T22, CCR, Section 66260.10)

"Solid Waste Management Unit" means any unit at a hazardous waste facility from which hazardous constituents might migrate, irrespective of whether the units were intended for the management of wastes, including but not limited to: containers, tanks, surface impoundments, waste piles, land treatment units, landfills, incinerators and underground injection wells.

#### INSTRUCTIONS

1. The Phase I Environmental Assessment Checklist has been arranged as follows:

Section I: Facility Information Section II: Facility Location Section III: Facility History Section IV: Facility Operations

Section V: Facility Walk-Through-Inspection

Section VI: Summary Chart

Solid Waste Management Unit Information Data Sheet

Solid Waste Management Unit Information Data Sheet for Process Systems

Release Information Data Sheet

Signature and Certification for Standardized Permit

Signature and Certification for Permit-By-Rule and Conditional Authorization

- 2. Complete each section according to instructions written in each section. For questions requesting a YES/NO answer, if the answer is not known, then indicate a NO. A YES answer to questions in Sections III and IV does not necessarily indicate that contamination exists but that the area or incident involving the question should be investigated more closely when completing Section V, Facility Walk-Through-Inspection.
- 3. The results of Section V, as well as Sections III and IV should be examined closely to determine the existence of SWMUs and/or releases.
- 4. Each SWMU and/or release should be indicated in Section VI, Summary Chart.
- 5. For each SWMU, indicated in the Section VI, a Solid Waste Management Unit Information Data Sheet should be completed. For process systems, a separate Solid Waste Management Unit Information Data Sheet for Process Systems should be completed.
- 6. Complete a Release Information Data Sheet for each release indicated in the Summary Chart, the Solid Waste Management Unit Information Data Sheet, and the Solid Waste Management Unit Information Data Sheet for Process Systems.
- 7. Sign and date the appropriate Signature and Certification page. One Signature and Certification page is for Standardized Permits, and the other is for Permit-By-Rule and Conditional Authorization permit tiers.

8. If the facility owner/operator determines that further investigation is required to determine the existence or extent of a release or a SWMU, the facility owner/operator will provide a schedule for that further investigation to the Department. This schedule will be provided by the facility owner/operator to the Department within 90 days of the submittal of the Phase I Environmental Assessment Checklist. If the Department determines, based upon a review of the Checklist, that further investigation is needed to determine the existence or extent of a release from a SWMU, the Department may require a site assessment or sampling (H&S Code 25200.14(d)).

Instruc	SECTION I: FACILITY INFORMATION Instructions: Complete the following descriptive information about your facility. This information will be used by the Department to classify your facility by operation and identify all information relating to the facility.			
1.	FACILITY NAME:			
2.	EPA I.D. NUMBER:			
3.	NAME OF FACILITY OWNER (see definition of over	wner):		
4.	NAME OF FACILITY OPERATOR:			
5.	NAME OF PROPERTY OWNER:			
6.	FACILITY LOCATION ADDRESS:			
	STREET:			
	CITY:			
	COUNTY:			
	STATE:	ZIP CODE:		
7.	FACILITY MAILING ADDRESS (if different from FA	ACILITY LOCATION ADDRESS):		
	STREET:			
	CITY:			
	STATE:	ZIP CODE:		
8.	FACILITY TELEPHONE NUMBER:			
9.	FACILITY FAX NUMBER:			
10.	NAME OF FACILITY CONTACT PERSON:			
11.	TITLE OF FACILITY CONTACT PERSON:			
12.	PHONE NUMBER OF FACILITY CONTACT PER	SON:		
13.	ADDRESS OF FACILITY CONTACT PERSON:			
	STREET:			
	CITY:			
	STATE:	ZIP CODE:		
14.	Should correspondence be sent to the mailing ad facility contact person? (check one).  Mailing address of the facility.	dress of the facility or to the address of the		
	Address of the facility contact person.			

15.	TYPE OF PERMIT (Circle all of the following that apply):					
	a.	Standardized F	Permit			
	b.	Permit-by-Rule				
	C.	Conditional Au	thorization			
16.		e facility been kr names first).	nown by any other n	ame(s) in the past?	If yes, list them all below (mos	st
17.	List of	all other past an	d current permits he	ld (i.e. Water Board,	Air Board):	
	<u>Permit</u>	<u>Name</u>	Issued by	Permit No.	<u>Expiration</u>	

#### **SECTION II: FACILITY LOCATION**

Instructions: For owners/operators applying for Permit-by Rule or Conditional Authorization, complete this section. <u>Standardized Permit applicants do not need to complete this section.</u> This section will be used by

the Department to identify environmentally sensitive areas surrounding the facility.

			YES	NO
1.	by contacting a local in the National Flood Insu	a 100 year floodplain? This information can be obtained surance company and requesting information regarding trance Program produced by the Federal Insurance alifornia Code of Regulations, Title 22, Section		
2.	wetlands, bodies of wa	es, streams, rivers, major storm water courses, ditches, ter, low lying areas, and/or shallow ground depressions 0 feet of the facility property line?		
3.	Are there any schools, day care centers, nursing homes, senior citizen communities, hospitals, or restaurants located within 1500 feet of the facility property line?			
4.	Are there any critical had and/or animal species of Fish and Game has information regarding e California.			
5.	Are there any private, commercial, municipal, or agricultural groundwater wells located on or within 1000 feet of the facility? This information can be obtained from the Department of Water Resources as follows (additional information is attached on the next page):			
	Statewide Contact: Northern District: Central District: San Joaquin District: Southern District:			

#### **SECTION III: FACILITY HISTORY**

Instructions: Complete this section regarding facility history based on reasonably available knowledge of the facility. This section will determine past operating practices and significant historical events that occurred at the facility that may indicate areas of contamination. Employees or retired employees who know about the facility's past operating practices can be an asset in completing this section of the checklist.

		YES	NO
1.	Has an environmental assessment and/or a site investigation report ever been completed for the facility? If YES, list the date and name of the report, and agencies receiving the report. Include a copy of the reports not submitted to the Department.		
2.	Do you know if the facility has ever been flooded due to natural or man made causes?		
3.	Do you know if the facility has ever been damaged by an earthquake that could cause contamination?		
4.	Do you know if the location for the facility was used for industrial purposes prior to use as a hazardous waste facility? If YES, then indicate the type of industry that the location was used for (i.e. warehouse, food processing etc.).		
5.	Do you know of past incidents of spilling, pouring, emptying, pumping, discharging, leaching, dumping, injecting, burying, detonating, or disposing of hazardous chemicals or hazardous wastes at the facility? If YES, these areas should be evaluated by the facility owner/operator and addressed in the FACILITY WALK-THROUGH INSPECTION section.		
6.	Do you know if the facility has ever had electrical transformers, capacitors, or hydraulic equipment, including but not limited to elevators and auto lifts, at the facility? If YES, these areas should be evaluated by the facility owner/operator and addressed in the FACILITY WALK-THROUGH-INSPECTION section.		
	If YES, was the equipment ever tested for the presence of PCBs?		
7.	Do you know if there have ever been groundwater wells installed at the facility?		
	If YES, a) State the average ground water depth for the upper most aquifer: feet below surface grade.		
	b) Have the wells ever been tested for possible contamination. If YES, attach the latest copy of any sampling or monitoring reports		

SECTI	ION III: FACILITY HISTORY (continued)		
		YES	NO
8.	Do you have in possession, or do you know the existence of any photographs, geophysical reports, analytical test data, and/or air sampling data that may indicate the presence of hazardous materials and/or waste in unwarranted or unexpected areas of the facility?		
9.	Do you know if the facility has disposed of items such as automotive batteries, unidentified waste materials, petroleum products, drums, barrels, and/or other containers of hazardous wastes by dumping, burying, or landfilling at the facility?		
10.	Do you know if the facility has ever had former liquid/sludge containment area(s), surface impoundment(s), collection pond(s), and/or lagoon(s)?		
11.	Do you know if land-farming or bio-remediation has been used at the facility.		
12.	Do you know if the facility has ever burned hazardous wastes, unidentified waste materials, tires, or automotive batteries at the facility?		
13.	Do you know if ash and/or combustion residuals have been disposed of at the facility?		
14.	Do you know if any underground storage tank(s) have been removed from the facility?		
15.	Do you know if any contaminated soil has been discovered and/or remediated at the facility?		
16.	Do you know if there have been fires and/or explosions at the facility which may have caused contamination?		
17.	Do you know if the facility has ever received complaints from any employees, neighbors, or the public about their practices for managing hazardous wastes, or any actual or potential releases to air, water, or soil, or other environmental issues?		
18.	Do you know if nearby residents have complained of any type of sicknesses or		
	unusual illnesses as having been caused or suspectedly caused by or related to activities at the facility?		
	If YES, indicate below the person and/or agency who recorded the complaint.		
	If YES, do you know of any evidence submitted to a physician to substantiate the claim?		
19.	Do you know if the facility has ever has any former areas which were used for hazardous waste or hazardous materials transfer (i.e., tank loading areas, drum transfer areas)?		
20.	Do you know of any past, threatened, or pending lawsuits or administrative proceedings concerning a release or threatened release of any hazardous substance against the facility by another party?		

If you answered YES to any of the above questions, those areas should receive special attention during the Walk-Through-Inspection (Section V). During the Walk-Through-Inspection, you are to determine if those areas contain possible contamination which require further investigation. Attach the results of your findings with a description of the problem, the Section and Question number being addressed, and submit it with this checklist to the Department (i,e., Section III, Question 1).

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SECTIO	N IV: FACILITY OPERATIONS		
	ons: Complete this section regarding facility operations. This section requires the perator to assess the facility's operational procedures and practices.	e facility	
		YES	NO
1.	Does the facility have storage areas containing process chemicals, hazardous		
	materials, used or spent materials, hazardous waste, and/or petroleum products?		
	If YES, answer the questions below.		
	a. Are periodic inspections conducted? If YES, indicate when the inspection program was initiated and its frequency (yearly, monthly, weekly, or daily):		
	b. Does the facility conduct periodic inventories? If YES, indicate the frequency of the inventories:		
2.	Has the facility ever received a notice of violation or compliance order from any local, state, and/or federal regulatory agency for operational and/or environmental problems at the facility? If YES, list the date and agency issuing the notice or order, and include a copy of the notice or order from agencies other than the Department.		
3.	Do the health records of the facility workers show any unusual incidences in any type of health complaint or sickness?		
4.	Are any hazardous waste units at the facility currently undergoing closure?		
5.	Are there any current or former units at the facility subject to a cleanup and/or compliance order from a federal, state, or local regulatory agency? If YES, list the agency issuing the order, the date of the order, and include a copy of the order from agencies other than the Department.		
6.	Do you know if the pipes, fittings, and/or drains underneath the flooring, connected to process and/or storage equipment, are damaged, corroded, or cracked?		
7.	If you answered YES to any of the above questions, those areas should receive during the Facility Walk-Through-Inspection (Section V). During the Facility Walk-Through-Inspection (Section V). During the Facility Walk-Through-Inspection, you are to determine if those areas contain possible contamination we further investigation. Attach the results of your findings with a description of the Section and Question number being addressed, and submit it with this checklist Department (i,e., Section IV, Question 1).	lk-Throughich req problem,	gh- uire

#### SECTION V: FACILITY WALK-THROUGH-INSPECTION

Instructions: This section of the checklist requires the owner and/or operator of the facility to conduct a walk-through-inspection of the facility in order to identify possible environmental problems, environmental warning signs or potential exposure to people, animals, or plants. Some of the problems that may be discovered during this inspection may include abandoned storage tanks, spill areas, surface impoundments, etc. Some of the environmental warning signs include stains, discolored vegetation, and/or unnatural terrain. During the inspection, were any of the following present:

		YES	NO
1.	Does the facility have vent pipes, fill pipes, and/or access ways that may indicate the presence of an underground storage tank?		
2.	Does the facility have stains and/or discolorations of the soil, flooring, drains and/or walls at the facility which may indicate a release?		
3.	Does the facility have areas of soil at the facility that appear disturbed without reason?		
4.	Does the facility have areas at the facility where the terrain appears unnatural, such as unexplained mounds or depressions?		
5.	Does the facility have unusual smells or odors emanating from the soil, floor, drains, and/or walls at the facility?		
6.	Does the facility have dead, abnormal, or distressed-appearing vegetation or conspicuous absence of vegetation at the facility that is not directly explainable by a deliberate action and/or lack of water at the site?		
7.	Does the facility have areas of the ground surface of the site that have low lying spots or sloping areas where water can collect, pool, or run off?		
8.	Were any piping or secondary containment systems observed to be damaged or leaking?		
9.	Is there evidence or signs of structural instability?		
	If YES, then attach a description of the structural instability and its location at the facility.		
10.	Is the facility unsecure due to improper fencing, absence of guards, or alarms.		

- 11. Where does rain and/or wash water drain to at the facility (circle all that apply)?
  - a. Storm drain
  - b. Sewer
  - c. Drainage ditch
  - d. Open land
  - e. Other

Indicate below the drainage direction and pattern before the rain and/or wash water leaves the facility (i.e. North, towards the sewer in the street).

12. If you answered YES to any of the above questions, it may indicate potential contamination or it may indicate that there is an environmentally sensitive area near the facility and that the area could be impacted by any operation. You should examine these areas carefully to determine if further investigation is required to verify if contamination exists. Attach the results of the findings with a description of the problem, the Section and Question number being addressed, and submit it with this checklist to the Department (ie. Section V, Question 1).

#### **SECTION VI: SUMMARY CHART**

Instructions: Read and complete the following Summary Chart for all SWMUs/releases. All SWMUs/releases identified in Sections III, IV, and V must be shown on the Summary Chart. For each SWMU/release, identify the number, presence of secondary containment, ancillary equipment, and manual chemical handling. For each SWMU, complete the appropriate attached Solid Waste Management Unit Information Data Sheet. For each release, complete the attached Release Information Data Sheet.

each release, complete the attached Release Information Data Sheet.							
Type of SWMU/Release	Number of SWMUs/ Releases	Is lining or secondary containment present?		Is piping or ancillary equipment present?		Did manual chemical handling ever occur?	
	Neicases	YES	NO	YES	NO	YES	NO
PART A: SWMU/Release							
1. Process System							
2. Landfills							
3. Waste piles							
4. Disposal pits							
5. Burial Areas							
6. Surface impoundments							
7. Collection ponds							
8. Lagoons							
9. Sumps							
10. Catch basins							
11. Dry wells							
12. Injection Wells							
13. Bio-remediation areas							
14. Land farms							
15. Land treatment units							
16. Compost heaps							
17. Incinerators							
18. Boilers							
19. Furnaces							
20. Aboveground process tanks							
21. Aboveground storage tanks							
22. Underground process tanks							
23. Underground storage tanks							
24. Container storage areas							
25. Container washing areas							
26. Container washing units							
27. Water and wastewater treatment containers							
28. Water and waste water treatment tanks							

29. Evaporators							
SECTION VI: SUMMARY CHART (continued)		•				•	
Types of SWMUs/Releases	Number of SWMUs/ Releases	Is linii secor contair pres	ndary nment	Is pipi ancil equip pres	lary ment	Did m cher handlir occ YES	nical ig ever
30. Pre-treatment units							
31. Waste treatment containers							
32. Waste treatment tanks							
33. Water treatment units							
34. Coupling/decoupling areas							
35. Accumulation areas							
36. Loading or unloading areas							
37. Water recycling operations							
38. Open burn pits							
PART B: SWMUs/Releases Due To							
39. Dead or unhealthy vegetation							
40. Equipment with PCB's							
41. Trenches							
42. Earthquake damaged areas							
43. Groundwater wells							
44. Removed Storage tanks							
45. Fires or explosion areas							
46. Vent Pipes							
47. Unusual stains							
48. Unusual smells or odors							
49. Unnatural terrain							
50. Unexplained chemical losses							
51. Flooded areas							
52. Unexplained employee health problems							
53. Leaking above ground piping							
54. Leaking below ground piping							
55.							
56.							
57.							
58.							

# SOLID WASTE MANAGEMENT UNIT INFORMATION DATA SHEET

Instructions: Complete the following questions in detail for EACH SWMU identified in the Summary Chart, Section VI. If the SWMU is identified as a Process System the SOLID WASTE MANAGEMENT UNIT DATA SHEET FOR PROCESS SYSTEMS (attached) should be completed in place of this data sheet. All other SWMUs should be identified with this form.

For Example: If a facility has 2 furnaces and 3 boilers, then a total of 5 Solid Waste Management Unit Information Data Sheets should be completed; one data sheet for each furnace and one data sheet for each boiler.

furnace and one data sheet for each boiler.			
1.	Facility name:		
2.	Identify the type of SWMU as listed in the Summary Cha	art (i.e. ٦	renches):
3.	Is the SWMU still in operation?	YES	NO
4.	How much hazardous materials/waste does the SWMU (i.e., 1,000 gallons per month)?	orocess/	handle per month
5.	Indicate the maximum capacity (i.e. gallons, cubic feet) a height x 10 feet width x 20 feet length).	and dim	ensions (i.e. 10 feet
6.	Indicate age of SWMU (years).		um life expectancy MU (years).
7.	What is the purpose of the SWMU? (Check one)		
	Storage Other:	_	
	Process		
8.	Is the SWMU showing excessive signs of wear or weathering? If YES, then explain.	YES	NO
9.	Does the SWMU have any leaks, cracks, or holes?	YES	NO

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	SOLID WASTE MANAGEMENT UNIT INFORMATION DATA SHEET (continued)			
10.	Is the SWMU protected from erosion and corrosion?	YES	NO	
11.	Describe the general inspection and/or maintenance pro- Indicate the frequency and record keeping policy used ( month).			
12.	Has there been any analytical testing of the area around the SWMU? If YES, then indicate the sample type (i.e., vapor, liquid, or soil), date, and the constituents analyzed.	YES	NO	
13.	Does the SWMU have an environmental permit? If YES, then indicate the agency issuing the permit, permit number, and expiration date. Attach a copy of the permit from agencies other than the Department.	YES	NO	
14.	Is the SWMU currently under a compliance order from a federal, state, or local regulatory agency? If YES, list the date and agency issuing the order and attach a copy of the order from agencies other than the Department.	YES	NO	
15.	List any environmental reports or studies performed on the copy of the reports not submitted to the Department.	he SWM	IU and attach a	
16.	List any current and past environmental problems with the unauthorized releases, and/or stains?). Include the date regulatory agency notified, and cleanup method.			
17.	If the SWMU has had a release, complete the attached In DATA SHEET for each release.	RELEAS	SE INFORMATION	

Name of preparer:	
Title of the Preparer:	Date:

	SOLID WASTE MANAGEMENT U INFORMATION DATA SHEET FOR PROCE		<b>S</b>
	tions: Complete the following questions in detail for EAC in the Summary Chart, in Section VI.	H SWMU ide	ntified as a Process
1.	Facility name:		
2.	Briefly describe the process system:		
3.	Indicate the number of containers or tanks within the proof piping between the tanks and/or containers (i.e. 5 tank piping).	•	•
4.	Is the process system still in operation?	YES	NO
5.	How much hazardous materials/waste does the process per month (i.e., 1,000 gallons per month)?	system curre	ntly process/handle
6.	Attach a flow diagram of the process system indicating t water, solvents) and the maximum capacity of all of pipir	,	
7.	Indicate age of oldest tank or container within the process system (years).	Maximum life expectancy of process system (years).	
8.	What is the purpose of the process system? (Check one	e)	
	Storage Other:		
	Process		
9.	Is the process system showing excessive signs of wear or weathering? If YES, then explain.	YES	NO

10.	Does the process system have any leaks, cracks, or holes.	YES	NO
	SOLID WASTE MANAGEMENT U INFORMATION DATA SHEET FOR PROCESS SY		tinued)
11.	Is the process system protected from erosion and corrosion?	YES	NO
12.	Describe the general inspection and/or maintenance pro- Indicate the frequency and record keeping policy used (		
13.	Has there been any analytical testing of the area around the process system? If YES, then indicate the sample type (i.e., vapor, liquid, or soil), date, and the constituents analyzed.	YES	NO
14.	Does the process system have an operation permit? If YES, then indicate the agency issuing the permit, permit number, and expiration date. Attach a copy of the permit from agencies other than the Department.	YES	NO
15.	Is the process system currently under a compliance order from a federal, state, or local regulatory agency? If YES, list the date and agency issuing the order and attach a copy of the order from agencies other than the Department.	YES	NO
16.	List any environmental reports or studies performed on the copy of the reports not submitted to the Department.	he process sy	stem and attach a

17.	List any current and past environmental problems with the process unauthorized releases, and/or stains?). Include the date, material agency notified, and cleanup method.	, , , , ,
18.	If the SWMU has had a release, complete the attached RELEASE SHEET for each release.	INFORMATION DATA
Name o	f preparer:	
Title of	he Preparer:	Date:

#### **RELEASE INFORMATION DATA SHEET**

Instructions: Complete the following questions in detail for EACH release identified in the SUMMARY CHART, the SOLID WASTE MANAGEMENT UNIT INFORMATION DATA SHEET, and the SOLID WASTE MANAGEMENT UNIT

INFO know	RMATION DATA SHEET FOR PROCESS SYSTEMS. If answers to questions are not k	nown, then	state "Do not
1.	Facility name:		
2.	Did this release come from a SWMU? If YES, which one?	YES	NO
3.	When did the release occur?		
4.	What was released and how much?		
5.	What caused the release?		
6.	Indicate the approximate area of the release (i.e. 3 feet diameter, 5 feet x 4 feet).		
7.	Was the release remediated? If YES, explain how.	YES	NO
8.	Were samples collected? If YES, what were the results?	YES	NO
9.	Is the release or results of the release currently under a compliance order from a federal, state, or local regulatory agency? If YES, list the date and agency issuing the order and attach a copy of the order from agencies other than the Department.	YES	NO
10.	List any environmental reports or studies performed on the release and attach copic submitted to the Department.	es of the re	eports not
Name	e of preparer:		
Title o	of the Preparer: Date:		

# SIGNATURE AND CERTIFICATION FOR STANDARDIZED PERMIT

The owner, and operator (if the owner is not the operator), and an independent professional engineer, geologist, or environmental assessor who is registered in the State of California, shall certify the following statement by signing on the appropriate lines below.

"Under penalty of perjury, I certify that I have personally examined and am familiar with the information submitted in this document and all attachments, and based on my inquiry of those individuals immediately responsible for obtaining it, the information is true, accurate, and complete. Thus informed, I certify that further investigation, including sampling and analysis, is / is not (circle one) necessary to determine whether a release has occurred, or to determine the extent of a release from a solid waste management unit or a hazardous waste management unit."

Owner's Signature	Name, Title, and Company Name	Date
and		
Operator's Signature (If Owner is not Operator)	Name, Title, and Company Name	Date
and		
Certification by an independent who is registered in the State of	professional engineer, geologist, or environmental as f California.	ssessor
Signature	Name, Title, Registration Number (Affix stamp here)	Date

# SIGNATURE AND CERTIFICATION FOR PERMIT-BY-RULE AND CONDITIONAL AUTHORIZATION

Either the, owner, or operator, or independent professional engineer, geologist, or an environmental assessor who is registered in the State of California, shall certify to the following statement by signing on the appropriate lines below.

"Under penalty of perjury, I certify that I have personally examined and am familiar with the information submitted in this document and all attachments, and based on my inquiry of those individuals immediately responsible for obtaining it, the information is true, accurate, and complete. Thus informed, I certify that further investigation, including sampling and analysis, is / is not (circle one) necessary to determine whether a release has occurred, or to determine the extent of a release from a solid waste management unit or a hazardous waste management unit."

Owner's Signature	Name, Title, and Company Name	Date
or		
Operator's Signature (If Owner is not Operator)	Name, Title, and Company Name	Date
or		
Certification by an independent who is registered in the State of	t professional engineer, geologist, or environment of California.	al assessor
Signature	Name, Title, Registration Number (Affix stamp here)	Date